

**E. APPENDIX E*****REQUESTING FORMS***

Refer to the following list for information on where to obtain forms.

<b>Form</b>	<b>Call or Copy</b>
ADA Dental Claim Form	ADA, 1-800-947-4746
Adult Care Home Personal Care Services Physician	EDS, 1-800-688-6696
Authorization and Plan of Care (DMA 3050-R)	
Carolina ACCESS Medical Exemption Request (DMA 9002)	See Page 4-36
Carolina ACCESS Override Request	See page 4-35
Carolina ACCESS Patient Admission Agreement/Formal	See page 4-29
Arrangement Form	
Carolina ACCESS Provider Information Change Form	See page 3-17
CMS-1500 Claim Form	Office Supply Store
Electronic Funds Transfer (EFT) Authorization Agreement	See page 10-7
Fee Schedule Request	See page 3-14
Health Department Health Check Agreement	See page 4-27
Health Insurance Information Referral (DMA 2057)	See page 7-11
Health Insurance Premium Payment (HIPP) Application	See page 7-13
Medicaid Claim Adjustment Form	See page 8-12
Medicaid Credit Balance Report	See page 7-14
Medicaid Resolution Inquiry	See page 8-14
Medical Record Release Form (for WIC Exchange of	See page 4-34
Information forms)	
Medical Transportation Assistance Notice of Rights	EDS, 1-800-688-6696
(DMA- 5046)	
Medicaid Crossover Reference Request	See page 5-31
Medicaid Provider Change Form	See page 3-15
Personal Care Services Physician Authorization and Plan of	EDS, 1-800-688-6696
Care (DMA-3000)	
Personal Care Services-Plus (PCS-Plus) Request Form	EDS, 1-800-688-6696
(DMA 3000-A)	
Pharmacy Adjustment Request	See page 8-13
Pharmacy Claim Form	EDS, 1-800-688-6696
Prior Approval Forms	
Certificate of Medical Necessity and Prior Approval Form	EDS, 1-800-688-6696
(For DME)	
FL2 Long-Term Care Services Form (372-124)	EDS, 1-800-688-6696
Request for Prior Approval N.C. Medicaid Program Form	EDS, 1-800-688-6696
(372-118)	
MR2 Mental Retardation Services Form (372-123)	EDS, 1-800-688-6696
Prior Approval for Psychiatric Inpatient Services	Value Options,

	1-888-510-1150
Supplemental to Dental Prior Approval (DMA-6022)	EDS, 1-800-688-6696
Visual Aids Prior Approval Form (372-017)	EDS, 1-800-688-6696
*Provider Certification for Signature on File	see page 5-30
Provider Visit Request	EDS, 1-800-688-6696
Referral for Diagnosis and Treatment	EDS, 1-800-688-6696
*Six Prescription Limit Override Form (DMA-3098)	See page 6-9
Sterilization Consent Form	EDS, 1-800-688-6696
Trading Partner Agreement	EDS, 1-800-688-6696
*Third Party Recovery Accident Information	See page 7-12
Report (DMA 2043)	
UB-92 Claim Form	Office Supply Store
Utilization Review Report – Long Term Care FL12	EDS, 1-800-688-6696
*WIC Exchange Form for Infants and Children	See page 4-33
*WIC Exchange Form for Women	See page 4-32

\*Indicates the form is available on DMA's website at  
<http://www.dhhs.state.nc.us/dma/forms.html>